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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WEEKLY BULLETIN

For Period

7 September - 13 September

1947

Number 37

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SECTION I

WELFARE DIVISION

Social Work Education

A series of meetings have been held by the Social Work Education Committee to consider the development of a social work curriculum in Japanese universities and colleges. This committee consists of representatives of Japanese educational institutions, who in the past have been interested in providing education for persons intending to enter the social service field. Under the 6-3-3-4 program, it is expected that more universities will be interested in providing social work education. The Social Work Education Committee has drawn up a series of recommendations which may be used as a guide by the universities in developing the curriculum for the next school year, which begins in April 1948. These recommendations have been submitted to various Japanese education and welfare officials concerned and will be subject for discussion at a subsequent meeting to be held in Tokyo on 20 September 1947.

Welfare Training Programs

A welfare training institute was held in Tottori Prefecture 25-31 August 1947, attended by 50 persons from the prefectures of Shimane, Yamaguchi, Okayama, Hiroshima and Tottori. This is one in the series of training conferences which are being conducted by the Japan Social Work Association under the sponsorship of the Social Affairs Bureau, Ministry of Welfare. Plans have been made to hold the next conference in Fukui Prefecture during the latter part of October.

Monthly activities reports submitted by the Military Government Teams indicate that meetings are being held throughout the nation, primarily for the purpose of providing information to minsei-in concerning the proper administration of the Daily Life Security Law.

Social Work Assembly

Plans to hold a national social work conference in Tokyo, during the first three days of October 1947 have been completed.

General conferences will be held at which officials of the National Government are expected to attend and present their problems. Conferences on special programs such as child welfare, and juvenile delinquency will also take place. Attention will be directed to the difficulties encountered in Japan at the present time and the necessity of developing welfare programs to meet these needs. The assembly is being sponsored by five of the already established national welfare agencies: Japan Social Work Association, Japan Welfare Workers Federation, National Relief Association, Mothers and Children Welfare Society, and Association for Protection of Juvenile Delinquents. Other national welfare organizations are cooperating in the program.

Japanese Red Cross

Thirty six editors and publishers of national and local news agencies met with representatives of the Japanese Red Cross and the American Red Cross Consultant staff in Tokyo on 11 September, to discuss plans for the release of national and local publicity in connection with the Japanese Red Cross fund and membership campaign starting 15 October. Plans for continuing publicity aimed at improved public understanding of Red Cross services, was also discussed.

During the week instructions were released from National Japanese Red Cross informing the Prefectural Chapters on the method of distribution of American Junior Red Cross supplies. The Chapters have been instructed to consult with the Prefectural Education authorities in the selection of the schools to which materials and gift parcels will be distributed. While the Ministry of Welfare will be responsible for supervising the distribution of the supplies by the Japanese Red Cross, the schools are to be selected in consultation with education authorities. The distribution is to be made during the month of October according to present plans.

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Chiefs of Nursing Education from 41 Japanese Red Cross Schools of Nursing attended a two-day conference in Tokyo, 10 and 11 September at National Red Cross Headquarters. Among the important topics discussed were:

- a. The necessity of placing nursing education and nursing administration in the Red Cross Hospitals and schools of nursing under the direction of qualified nursing personnel.
- b. The necessity of improving the standard of nursing education and ward supervision of the nurse in training.
- c. The new nursing law and its implications for all schools of nursing.

Military Government Team Reports - June

Hyogo MG Team reports that brief reviews disclosed a pattern of uneven administration of the Daily Life Security Law is developing. Four apparent reasons are: the high decentralization of responsible offices and records, the lack of supervision given by the central offices (Ken and City), the large number of individuals responsible for determining grants who have not been adequately briefed on the law, and lack of precise instructions for determining grants when special factors exist, for example, income from employment.

The Ministry of Welfare will be advised that a trained and qualified field staff is a "must" on both levels of government. Ministerial officials recognize a lack of good administration.

Similar to this problem is the relationship of the minsei-in to local welfare officials and the overall value of the use of volunteers for such services. Lack of adequate funds prohibits paid workers at present, but PHW and Ministerial officials are studying the entire problem with a view toward strengthening this extremely important phase of the welfare program.

SECTION II

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of animal disease during the period 6 Sept - 11 Sept 47:

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Shizuoka	Swine Erysipelas	1
Kumamoto	Texas Fever	3
Ishikawa	Encephalomyelitis of Horse	14

Personnel from the Ministry of Agriculture and Forestry were sent to the Ishikawa district to secure laboratory specimens and to assist in setting up control measures. Telegraphic contact will be kept with this office by the field representatives.

SECTION III

NURSING AFFAIRS DIVISION

A representative of Nursing Affairs Division attended the Kochi Prefectural Meeting for the organizing of the Kochi Branch Association of the Japan Midwives, Clinical Nurses, and Public Health Nurses Association.

The Chief of Nursing Affairs Division attended the Meeting of the Chief Nurses of the U. S. Army Nurse Corps which was held in Kyoto.

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SECTION IV

SUPPLY DIVISION

Distribution

Distribution of dusting and spraying equipment progresses, with a total of 7,952 pieces shipped to the prefectures listed below in the period 25 through 31 August, under the supervision of the Ministry of Welfare. Detailed breakdown follows:

<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semi-automatic Sprayer</u>	<u>Hand Sprayer</u>
Humma	984			
Saitama	1,016			
Canagawa		276		240
Niigata	840	540		688
Toyama	984			360
Fukui		144		
Yamanashi	984			
Nagano			200	
Aichi		6		2
Shiga				300
Kyoto	388			
Totals	5,196	966	200	1,590

A conference was held with representatives from the Ministry of Welfare, manufacturers, wholesalers and retailers of medical rubber goods, such as ice bags, ice pillows, surgeons rubber gloves, etc. to determine cause for their maldistribution and production.

Invitation was given to the representatives present to air their views in order to come to an understanding on the present difficulties now being experienced by the hospitals and other using agencies in procuring, by purchase through normal trade channels, their medical rubber goods.

The influx of raw material and price fixing seem to be the main factor for the lack of sufficient production and distribution of these supplies. The representative from the Rubber Manufacturers Cooperative Union stated that raw material has been imported, and 70 tons of rubber has been allocated for the manufacturing of medical rubber goods, plus latex, which should be of great aid in meeting the demand. Further conferences will be held by these people in order to coordinate the production and distribution of these supplies.

Report received on sales of former Japanese Army-Navy surgical instruments and appliances during August amounted to ¥415,965.69, which is a substantial increase of ¥330,639.34 to July's sales.

Production

The 22nd weekly report of production of DDT dusters and spraying equipment for mosquito and fly control program for 1947 indicates the following data:

	Total to date 30 Aug.	No.Mfgd. 31 Aug. to 6 Sep.	Total to date 6 Sept.	Total shipped to date 6 Sept.	Balance On Hand	To be Mfgd.
DDT Dusters	54,496	3,800	58,296	50,342	7,954	31,704
Sprayer, knapsack type, 3-gal. cap.	38,893	-	38,893	13,130	25,763	-
Sprayer, pump type semi-automatic	23,008	300	23,308	9,227	14,081	-
Sprayer, hand type 1/2 gal. capacity	37,610	-	37,610	23,557	14,053	-
Total	154,007	4,100	158,107	96,256	61,851	31,704

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Releases of the following DDT products and typhus vaccine were approved for the period 7 - 13 September 1947.

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>5% DDT Residual Effect Spray</u>	<u>Typhus Vaccine</u>
Tokyo		9,000 gallons	
Nagano	13,000 lbs.	2,100 gallons	
Chiba		2,000 gallons	
Total	13,000 lbs	13,100 gallons	-

Narcotics

During the current session of the Diet, a bill amending Imperial Ordinance #528 of 1923 was enacted, designating to Narcotic Inspectors, under the Ministry of Welfare, power of arrest in Narcotic violations. This form of Judicial Police Power will be effective on the date of promulgation, which is set for 15 September 1947.

SECTION V

PREVENTIVE MEDICINE DIVISION

Typhoid Immunization Program

Approximately 120,000 liters of TAB vaccine have passed the assay tests. This represents 4/5 of the amount of vaccine necessary for the nationwide immunization program. Most of this vaccine has already been distributed to the prefectures. The remaining vaccine necessary for the nation-wide immunization program will be available in the very near future.

Reports on the immunization program will be published as soon as available.

Military Government Health Officers are urged to see that the prefectural health departments conduct a vigorous publicity program stressing the importance of the inoculations with special emphasis upon the necessity for having the second and third inoculations. Health officers are also urged to see that adequate records are kept and prompt reports are rendered.

Japanese B. Encephalitis Control

Reference is made to Section VII PH&W Weekly Bulletin No. 20. Recently a sizable number of suspected Japanese B. Encephalitis cases have been reported from the inland sea area of Japan and a few suspect cases have been reported from other prefectures.

It is important that the diagnosis of Japanese B. Encephalitis be definitely proven or disproven whenever possible. This can often be done on the spot without a serological laboratory test. When there is any likelihood that the suspect is in reality a Japanese B. Encephalitis case, blood specimens should be collected and promptly dispatched to the 406 Medical General Laboratory in Tokyo. It is usually not possible to confirm the clinical diagnosis with a single blood specimen since it is necessary to show a rise in titer. For this reason at least two specimens should be sent on every case. One early (when the case is first seen) and one within 10 to 14 days and not later than six weeks after onset. It is preferable to have several specimens, one at onset, one 10 to 14 days later and one every 10 days thereafter until full recovery.

Serologic specimens received by the 406 Medical General Laboratory have enabled them to make a positive diagnosis on three cases in Kochi prefecture. Two other specimens, one from Tottori and one from Kagawa prefecture, showed low titers and were therefore suspicious, but the laboratory has not been able to confirm the diagnosis because second specimens have not been received. Military Government Health Officers are urged to see that at least two blood specimens, taken at ^{least} 10 days apart, are forwarded for testing. The roster of suspects should be rechecked and if the diagnosis of Japanese B. Encephalitis has not already been ruled out, a second blood specimen should be taken.

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Specimens often contain no clinical data and are not properly identified. This should be corrected. The difference in translation of the same Japanese name on different specimens sometimes makes it impossible to identify the specimen as belonging to the same individual.

Although the peak of the Japanese B. Encephalitis season has probably already been passed, suspect cases may continue to appear. Where there is reason to believe these cases may be Japanese B. Encephalitis, mosquito control procedures should be intensified.

Tuberculosis Control

The Japanese Prefectural Health Officer in one prefecture calls a monthly meeting of the chiefs of his health centers. These men present their individual problems at this meeting. Attendance of the Military Government Health Officer at these meetings presents an excellent opportunity to listen to the problems which these men must face and solve, and to obtain information concerning the progress in these centers. It could also be an opportunity to discuss cooperation of the various activities within the health centers, and cooperation between the health centers and the national sanatoria. The presentation of a single new point on the subject of tuberculosis or its control, might stimulate interest and attendance and be of educational value to these men who need such information.

Laboratory Control

Included with the Weekly Bulletin (No. 37) are copies of Minimum Requirements for the manufacture of diphtheria toxoid. These minimum requirements were written by the Ministry of Welfare in consultation with members of the Preventive Medicine Division, PH&W, SCAP.

The English translation is distributed as an aid to Military Government Health Officers in exercising surveillance over the manufacture of safe, sterile and potent anti-diphtheria products. Military Government Health Officers are urged to acquaint themselves with the contents of the inclosed circular. Anti-diphtherial products must meet the above requirements before they can be distributed for use. It should be stressed that no anti-diphtherial product should be used in the immunization program which does not have the seal of approval of the National Assay Laboratory.

Venereal Disease Control

It has been demonstrated that a venereal disease control program is primarily dependent on the interest and work of the Military Government Health Officer and the quality of Japanese Venereal Disease officials available. Some Military Government Health Officers took prefectural officials with no training and by intensive personal teaching developed these prefectural officials into interested, active V.D. clinicians who are improving continuously. Originally, there was no area in Japan having physicians who understood public health venereal disease control.

The prefectural health departments are the official agencies primarily charged with developing the V. D. control program. They do this through the prefectural Venereal Disease Control Officer. Being a physician and the need for medical personnel in V. D. work being acute, this doctor's time should not be taken up with clerical duties. He should conduct the model V. D. clinic himself or train other clinicians in modern methods. To do this the V.D.C.O. must have some personal background of modern clinical V. D. work. Clinicians who are conducting other clinics must receive continuous corrections and guidance from the V.D.C.O. Only in this way can we be assured that these clinics will be conducted according to the principles taught by the Military Government Health Officer. Many clinics are now being operated ostensibly by the prefectural health departments, although actually little or no clinical and epidemiologic guidance and supervision is being given to these clinicians by the prefectural V.D.C.O. In some cases the V.D.C.O. is not being trained in our clinical methods by the Military Government Health Officer.

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The experiences of some Military Government Health Officers demonstrate that original intense training of the prefectural V.D.C.O is highly rewarded in the initiation of a V.D. control program which will improve continuously with subsequent periodic supervision by the Military Government Health Officer.

Port Quarantine Control

The repatriation station at Ujina in the Kure area has been ordered reduced from the status of a major repatriation port. The big lift from South East Asia having been completed Ujina facilities will be prepared to receive 50 repatriates daily until further notice.

Quarantine Vessel	Name of Vessel	Port of Depart.	Date of Depart.	Date of Entrance	Diagnosis	Date of Diagnosis	Cases	Deaths
Sasebo	Kisan Maru	Singapore	8/23	9/5/47	Malaria	9/5/47	13	0
Sasebo	Nippon Maru	Singapore	8/25	9/5/47	Malaria	9/5/47	1	0
Hakodate	Chitose Maru	Maoka	8/16	8/18/47	Bacillary Dysentery	9/31/47	1	0
Hakodate	Takakura-San Maru	Maoka	8/20	8/22/47	Para-typhoid	9/1/47	1	0
Hakodate	Soya Maru	Maoka	8/22	8/24/47	Diphtheria	9/5/47	1	0

SECTION VI

MEDICAL SERVICES DIVISION

The weekly hospital strength report for the period ending 25 July 1947 shows 3,371 hospitals with bed capacity of 216,472 of which 110,560 are occupied. During this same period 449,693 out-patients were treated.

SECTION VII

NUTRITION CONSULTANT

The results of nutrition surveys conducted in August are beginning to be reported with the following data received.

NUTRITION SURVEYS - August 1947

Cities	Protein Grams			Calories
	Animal	Vegetable	Total	
Nagoya	9.5	50.6	60.1	1724
Osaka	11.4	48.2	59.6	1768
Kure	12.6	41.9	54.5	1597
Sendai	14.6	47.8	62.4	2185
Matsuyama	12.3	37.6	49.9	1396
Av. 8 Cities	19.5	43.5	63.0	1822
May 1947				
<u>Rural</u>				
Kyoto	9.7	55.4	65.1	2130
Gumma	1.7	53.5	55.2	1914
Tochigi	2.1	54.3	56.4	2103
Kanagawa	4.2	61.5	65.7	2234
Okayama	7.3	48.9	56.2	1905
Hyogo	5.0	55.1	60.1	2073
Iwate	5.2	54.6	57.6	2096
Av. Rural	8.1	49.4	57.5	2052
May 1947				

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The nutrients consumed according to previous nutrition surveys are given in the attached tables.

These data indicate the low intake of calcium and vitamin B₂ in Japan. The fairly high values for vitamin B₂ in August and November are the result of increased consumption of leafy green vegetables and potatoes during these periods.

Japanese Use of Imported Foods.

Reports have been received indicating the need of the Japanese housewife for information on methods of preparing imported foods such as corn, milo and soya flour.

Methods of preparing imported foods have been developed jointly by the Ministries of Agriculture and Forestry and Welfare, and published in the form of a booklet, also as posters. Copies of this material have been sent to the Prefectural governments. The Prefectures have been advised to post such material at ration points and to utilize the press and radio in order to give the public adequate information. Military Government Teams should stimulate the Japanese to utilize the material made available, or develop their own publicity programs with the aid of their nutritionists.

SECTION VIII

MEMORANDA TO JAPANESE GOVERNMENT

None.

C. S. Mollohan Col MC

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief.

for:

- 1 Incl: Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 6 September 1947 w/digest.

Nutrition Survey Data - Japan			
Year	Calories	Protein	Vitamin B ₂
1947	2,400	5.5	0.8
1946	2,300	5.2	0.7
1945	2,200	5.0	0.6
1944	2,100	4.8	0.5
1943	2,000	4.6	0.4
1942	1,900	4.4	0.3
1941	1,800	4.2	0.2
1940	1,700	4.0	0.1
1939	1,600	3.8	0.0
1938	1,500	3.6	0.0
1937	1,400	3.4	0.0
1936	1,300	3.2	0.0
1935	1,200	3.0	0.0
1934	1,100	2.8	0.0
1933	1,000	2.6	0.0
1932	900	2.4	0.0
1931	800	2.2	0.0
1930	700	2.0	0.0
1929	600	1.8	0.0
1928	500	1.6	0.0
1927	400	1.4	0.0
1926	300	1.2	0.0
1925	200	1.0	0.0
1924	100	0.8	0.0
1923	0	0.6	0.0
1922	0	0.4	0.0
1921	0	0.2	0.0
1920	0	0.0	0.0

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Total caloric consumption and calories received in the ration.

Nutrition surveys - Japan 1946 - 1947.

	Tokyo		8 Cities		Rural Areas 27 Prefectures	
	Total Calories	Ration Calories	Total Calories	Ration Calories	Total Calories	Ration Calories
Dec 45	1971	1080	-	-	-	-
Feb 46	-	-	1677	1092	1952	233
May 46	1352	775	1613	1077	1983	449
Aug 46	1828	1276	1567	807	1960	354
Nov 46	2051	1342	1968	1157	2369	226
Feb 47	1921	934	1884	1216	2193	118
May 47	1792	1337	1822	1115	2029	194

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Changes in Body Weight and Clinical Symptoms

Average Percentage of individuals observed in Nutrition Surveys with:

- Body weights more than 10% less than the Japanese Standard and
- With one or more symptoms associated with nutritional deficiency.

	Tokyo		Eight Cities		27 Prefectures		Tokyo		Eight Cities		27 Prefectures	
	Percent	Av. Wt. less Kg.	Percent	Av. Wt. less Kg.	Percent	Av. Wt. less Kg.						
Feb 46	-	-	21.0	-	13.1	-	-	-	-	-	-	-
May 46	28.2	6.7	20.7	6.8	13.8	6.3	36.4	37.8	28.9			
Aug 46	29.9	7.0	28.3	6.9	18.4	6.5	29.4	30.6	27.6			
Nov 46	19.8	5.8	17.6	6.4	12.4	6.0	27.0	26.0	27.7			
Feb 47	20.1	5.9	16.1	6.0	10.2	5.7	22.3	22.3	25.6			
May 47	14.4	5.7	15.4	6.1	10.9	5.6	20.6	24.9	24.9			

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DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES
FOR THE WEEK ENDING 6 SEPTEMBER 1947

The total number of communicable disease cases (20,784) reported for the week ending 7 September 1947 was approximately 12 percent higher than the number (18,587) reported in the preceding week. Tuberculosis (9,962), whooping cough (3,741), pneumonia (1,364), measles (1,338), and influenza (29) accounted for 79 percent of the total cases. No data on deaths from these diseases are available.

The remaining 12 diseases included in this report accounted for 4,350 cases and 633 deaths currently compared with 4,609 cases and 780 deaths in the preceding week. A large percentage of these cases and deaths were due to dysentery (2,533 cases and 479 deaths) and typhoid fever (785 cases and 101 deaths).

Diphtheria cases increased slightly from 278 to 294 currently. Deaths (18) remained the same as in the previous week. The current and cumulative case rates per 100,000 population per annum were 19.7 and 38.0 respectively. Corresponding death rates were 1.2 and 3.3.

Dysentery continued to decline. The current cases (2,533) were 10 percent less than the number (2,827) reported last week. Deaths decreased 18 percent from 581 to 479. The current and cumulative case rates were 169.3 and 55.3 respectively. Corresponding death rates were 32.0 and 9.8. In the same week of 1946 the case and death rates were 436.7 and 62.5 respectively. The cumulative case and death rates through 7 September 1946 were 100.5 and 14.2.

Typhoid fever cases increased from 735 to 785. Deaths, however, decreased nearly 26 percent from 136 previously to 101 currently. The current and cumulative case rates were 52.5 and 23.1 respectively. Corresponding death rates were 6.8 and 2.7.

There were 227 cases and 13 deaths reported for paratyphoid fever in the current week compared with 237 cases and 7 deaths in the preceding week. The current and cumulative case rates were 15.2 and 6.3 respectively. Corresponding death rates were 0.9 and 0.3.

Two cases of smallpox were reported this week, one in Hokkaido and one in Aichi Prefecture. These were the only cases reported in the last three weeks. No deaths were reported. The current and cumulative case rates were 0.1 and 0.7 respectively. The cumulative death rate was 0.1.

One case of typhus fever was reported currently compared with 4 in the preceding week. No deaths have been reported in the last 4 weeks. The current and cumulative case rates were 0.1 and 1.8 respectively. The cumulative death rate was 0.2.

Malaria cases (375) were approximately 15 percent less than in the previous week when 439 cases were reported. There were no deaths. The current and cumulative case rates were 25.1 and 17.5. The cumulative death rate was 0.03.

Scarlet fever remained about the same with 39 cases and no deaths currently compared with 38 cases and no deaths previously. The current and cumulative case rates were 2.6 and 3.5 respectively. The cumulative death rate was 0.1.

Epidemic meningitis cases increased nearly 50 percent from 43 to 64. Deaths, on the other hand, decreased nearly 50 percent from 26 to 14. The current and cumulative case rates were 4.3 and 5.4 respectively. Corresponding death rates were 0.9 and 1.7.

There were 30 suspect cases and 13 deaths reported for Japanese "B" encephalitis in the current week compared with 28 suspect cases and 11 deaths in the preceding week. Nearly half of the cases (14) and deaths (6) were in Okayama Prefecture. All cases were in southern Japan. Only 4 cases have been confirmed to date. Single positive specimens have been received for an additional 11 cases (Tottori 1, Okayama 5, Ehime 3, Aichi 1, and Kagawa 1), but these cannot be considered confirmed cases until a second seriological specimen is received, tested, and found positive. The current and cumulative suspect case rates were 2.0 and 0.2 respectively. Corresponding death rates were 0.9 and 0.1.

There continued to be no cholera or plague.

The current and cumulative number of cases reported for chancroid were 843 and 28,233 respectively; for gonorrhea, 4,553 and 145,369; for syphilis, 3,174 and 98,329.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN.
WEEK ENDING 6 Sept 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	16	3	1784	209	126	9	892	77
AOMORI	5	-	325	30	41	2	205	22
IWATE	4	-	286	26	111	10	581	53
MIYAGI	6	-	418	12	138	11	475	44
AKITA	8	-	421	30	23	6	232	46
YAMAGATA	2	-	502	35	151	6	1039	85
FUKUSHIMA	13	-	337	8	153	24	1817	206
IBARAKI	13	2	397	37	106	37	1441	367
TOCHIGI	6	-	509	31	48	6	1078	178
GUNMA	9	2	237	51	50	13	1280	184
SAITAMA	7	-	431	47	64	8	1333	227
CHIBA	4	1	338	28	54	11	789	144
TOKYO	13	-	1249	194	130	32	2174	489
KANAGAWA	6	1	414	29	31	5	544	97
NIIGATA	13	-	511	32	150	16	1347	203
TOYAMA	1	-	173	11	9	-	161	9
ISHIKAWA	NR	NR	439	21	NR	NR	153	27
FUKUI	-	-	174	10	47	2	284	39
YAMANASHI	-	-	81	8	34	3	595	58
NAGANO	11	-	465	36	201	11	1335	124
GIFU	3	-	144	17	37	13	497	150
SHIZUOKA	11	1	400	43	91	14	912	188
AICHI	14	1	1173	70	90	29	1505	369
MIE	6	-	481	26	31	8	379	92
SHIGA	3	-	156	11	6	1	269	33
KYOTO	4	-	418	45	47	7	628	88
OSAKA	-	-	333	39	63	32	585	141
HYOGO	10	-	640	49	57	22	992	192
NARA	4	-	134	7	24	2	103	11
WAKAYAMA	4	-	177	5	8	3	111	26
TOTTORI	1	-	125	11	26	1	119	21
SHIMANE	10	-	356	15	37	8	305	87
OKAYAMA	3	-	272	24	24	13	275	80
HIROSHIMA	7	1	418	28	37	18	356	112
YAMAGUCHI	4	-	476	46	31	16	200	71
TOKUSHIMA	7	1	224	8	41	6	618	95
KAGAWA	2	-	204	13	3	2	398	63
EHIME	8	-	676	65	48	11	742	137
KOCHI	4	1	236	17	13	3	258	62
FUKUOKA	12	-	1313	86	45	12	494	89
SAGA	9	-	589	51	11	1	145	31
NAGASAKI	4	-	440	51	18	1	452	84
KUMAMOTO	-	-	148	23	16	18	306	76
OITA	6	2	538	37	13	8	277	67
MIYAZAKI	16	2	412	33	33	13	463	95
KAGOSHIMA	5	-	468	63	16	5	639	116
TOTAL	294	18	20442	1768	2533	479	29783	5260
RATE								
Current	19.7	1.2	38.0	3.3	169.3	32.0	55.3	9.8
Previous	18.6	1.2			187.6	38.8		

Rates per 100,000 per Annum

Rates based on estimated population 1 July 1947

Weekly Report - 6 September 1947
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	52	1	486	59	25	-	150	7
AOMORI	17	1	140	20	5	-	19	1
IWATE	13	2	125	18	1	-	35	1
MIYAGI	15	2	289	24	8	1	200	8
AKITA	6	-	102	17	4	-	40	3
YAMAGATA	17	-	274	45	7	-	86	5
FUKUSHIMA	20	3	323	32	4	-	78	7
IBARAKI	20	2	275	29	5	-	140	8
TOCHIGI	23	2	319	47	4	1	64	5
GUMMA	12	7	196	29	2	1	61	4
SAITAMA	27	-	329	31	5	1	65	7
CHIBA	19	1	304	19	3	-	98	3
TOKYO	42	8	945	119	17	1	357	17
KANAGAWA	16	2	525	67	5	-	116	6
NIIGATA	23	2	385	49	11	1	107	3
TOYAMA	14	2	289	25	11	-	88	1
ISHIKAWA	NR	NR	125	15	NR	NR	33	1
FUKUI	5	1	128	15	2	-	31	1
YAMANASHI	9	-	108	5	5	-	40	1
NAGANO	7	2	218	25	11	2	96	11
GIFU	38	3	334	38	16	1	92	5
SHIZUOKA	32	3	400	37	4	-	99	15
AICHI	32	3	706	75	6	-	157	4
MIE	22	5	640	63	5	2	93	8
SHIGA	4	1	95	10	-	-	21	3
KYOTO	18	3	296	33	11	-	67	5
OSAKA	44	6	443	73	11	-	233	4
HYOGO	55	13	669	89	3	2	72	7
NARA	20	2	103	10	-	-	11	-
WAKAYAMA	54	5	324	31	1	-	52	1
TOTTORI	6	-	118	8	2	-	20	-
SHIMANE	10	1	204	27	3	-	99	4
OKAYAMA	7	1	216	26	-	-	17	-
HIROSHIMA	17	5	478	54	-	-	121	10
YAMAGUCHI	3	-	88	6	2	-	20	1
TOKUSHIMA	12	1	201	47	5	-	34	4
KAGAWA	7	-	142	19	13	-	54	1
EHIME	7	1	135	20	2	-	23	-
KOCHI	17	2	313	34	3	-	31	2
FUKUOKA	5	1	245	26	1	-	47	2
SAGA	1	-	60	3	-	-	18	1
NAGASAKI	5	1	56	4	3	-	24	2
KUMAMOTO	-	2	83	12	-	-	20	-
OITA	4	1	73	7	1	-	8	-
MIYAZAKI	8	3	137	29	-	-	29	2
KAGOSHIMA	-	-	16	5	-	-	12	-
TOTAL	785	101	12460	1476	227	13	3378	181
RATE								
Current	52.5	6.8	23.1	2.7	15.2	0.9	6.3	0.3
Previous	49.1	9.1			15.8	0.5		

Rates per 100,000 per annum
Rates Based on Estimated Population 1 July 1947

Weekly Report - 6 September 1947
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	1	-	40	8	-	-	52	8
AOMORI	-	-	-	-	-	-	8	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	20	3
AKITA	-	-	12	1	-	-	2	1
YAMAGATA	-	-	8	3	-	-	42	4
FUKUSHIMA	-	-	1	-	-	-	4	-
IBARAKI	-	-	21	1	-	-	36	4
TOCHIGI	-	-	23	2	-	-	6	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	-	-	26	2
CHIBA	-	-	13	2	-	-	26	1
TOKYO	-	-	18	5	-	-	208	28
KANAGAWA	-	-	4	-	1	-	37	2
NIIGATA	-	-	3	1	-	-	12	1
TOYAMA	-	-	1	-	-	-	8	1
ISHIKAWA	NR	NR	1	-	NR	NR	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	3	-	-	-	9	1
GIFU	-	-	-	-	-	-	26	-
SHIZUOKA	-	-	3	-	-	-	30	-
AICHI	1	-	9	-	-	-	218	5
MIE	-	-	5	1	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	-	-	6	-
OSAKA	-	-	11	2	-	-	44	-
HYOGO	-	-	42	3	-	-	5	2
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	-	-	31	1	-	-	17	1
TOTTORI	-	-	1	-	-	-	7	-
SHIMANE	-	-	7	-	-	-	8	-
OKAYAMA	-	-	11	-	-	-	5	-
HIROSHIMA	-	-	3	1	-	-	2	-
YAMAGUCHI	-	-	7	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	4	-	-	-	52	6
EHIME	-	-	13	2	-	-	6	-
KOCHI	-	-	1	-	-	-	2	-
FUKUOKA	-	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	1	-
NAGASAKI	-	-	2	-	-	-	7	1
KUMAMOTO	-	-	3	-	-	-	2	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	2	0	378	38	1	0	995	81
RATE								
Current	0.1	0.0	0.7	0.1	0.1	0.0	1.8	0.2
Previous	0.0	0.0			0.3	0.0		

Rates per 100,000 per Annum

Rates based on estimated population 1 July 1947

Weekly Report - 6 September 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	6	-	207	1	-	-	-	-
AOMORI	1	-	128	-	-	-	-	-
IWATE	1	-	145	-	-	-	-	-
MIYAGI	-	-	22	-	-	-	-	-
AKITA	6	-	149	-	-	-	-	-
YAMAGATA	8	-	90	-	-	-	-	-
FUKUSHIMA	7	-	205	-	-	-	-	-
IBARAKI	3	-	289	-	-	-	-	-
TOCHIGI	7	-	87	-	-	-	-	-
GUNMA	3	-	74	-	-	-	-	-
SAITAMA	3	-	43	1	-	-	-	-
CHIBA	3	-	88	-	-	-	-	-
TOKYO	26	-	596	-	-	-	-	-
KANAGAWA	9	-	372	-	-	-	-	-
NIIGATA	13	-	200	1	-	-	-	-
TOYAMA	10	-	127	-	-	-	-	-
ISHIKAWA	NR	NR	45	-	NR	NR	-	-
FUKUI	4	-	57	-	-	-	-	-
YAMANASHI	14	-	74	-	-	-	-	-
NAGANO	4	-	163	-	-	-	-	-
GIFU	-	-	20	-	-	-	-	-
SHIZUOKA	16	-	156	-	-	-	-	-
AICHI	3	-	229	-	-	-	-	-
MIE	6	-	198	-	-	-	-	-
SHIGA	96	-	1529	-	-	-	-	-
KYOTO	8	-	132	-	-	-	-	-
OSAKA	11	-	98	-	-	-	-	-
HYOGO	10	-	264	-	-	-	-	-
NARA	-	-	49	-	-	-	-	-
WAKAYAMA	1	-	64	-	-	-	-	-
TOTTORI	7	-	127	-	-	-	-	-
SHIMANE	1	-	91	-	-	-	-	-
OKAYAMA	6	-	54	-	-	-	-	-
HIROSHIMA	5	-	206	-	-	-	-	-
YAMAGUCHI	6	-	232	-	-	-	-	-
TOKUSHIMA	3	-	180	-	-	-	-	-
KAGAWA	-	-	124	-	-	-	-	-
EHIME	11	-	409	1	-	-	-	-
KOCHI	2	-	86	1	-	-	-	-
FUKUODA	20	-	806	5	-	-	-	-
SAGA	1	-	263	3	-	-	-	-
NAGASAKI	4	-	148	-	-	-	-	-
KUMAMOTO	8	-	187	-	-	-	-	-
OITA	6	-	306	3	-	-	-	-
MIYAZAKI	9	-	155	1	-	-	-	-
KAGOSHIMA	7	-	146	-	-	-	-	-
TOTAL	375	0	9420	17	0	0	0	0
Rate								
Current	25.1	0.0	17.5	0.03	0.0	0.0	0.0	0.0
Previous	29.3	0.1			0.0	0.0		

Rate per 100,000 per Annum
Rate based on estimated population 1 July 1947

Weekly Report - 6 September 1947
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B ENCEPHALITIS (SUSPECTS)			
	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)	Current (C)	Cumulative (D)
HOKKAIDO	5	-	260	8	2	-	337	92	-	-	-	-
AOMORI	-	-	18	1	1	-	89	18	-	-	2	-
IWATE	1	-	23	4	1	-	56	16	-	-	-	1
MIYAGI	2	-	68	1	5	1	111	16	-	-	-	-
AKITA	1	-	24	1	2	-	77	34	-	-	-	-
YAMAGATA	-	-	32	1	6	2	64	19	-	-	-	-
FUKUSHIMA	-	-	38	1	-	-	130	35	-	-	-	-
IBARAKI	-	-	46	1	1	-	179	54	-	-	-	-
TOCHIGI	-	-	36	-	-	-	29	11	-	-	1	-
GUMMA	2	-	58	2	-	-	35	16	-	-	1	1
SAITAMA	-	-	34	-	1	1	64	25	-	-	-	-
CHIBA	1	-	37	-	2	-	56	18	-	-	-	-
TOKYO	9	-	349	7	15	2	606	242	-	-	4	-
KANAGAWA	1	-	87	1	1	-	69	20	-	-	-	-
NIIGATA	-	-	16	1	1	-	63	21	-	-	1	-
TOYAMA	-	-	14	-	-	-	18	2	-	-	-	-
ISHIKAWA	NR	NR	6	1	NR	NR	41	10	NR	NR	-	-
FUKUI	-	-	5	-	-	-	12	5	-	-	1	-
YAMANASHI	-	-	19	1	-	-	26	3	-	-	-	-
NAGANO	5	-	65	1	-	-	36	6	-	-	-	-
GIFU	2	-	20	1	-	-	16	4	-	-	-	-
SHIZUOKA	1	-	122	-	1	-	83	19	-	-	-	-
AICHI	-	-	77	1	1	1	33	6	-	-	-	-
MIE	1	-	32	1	1	-	22	4	-	-	2	2
SHIGA	-	-	23	-	-	-	21	8	-	-	-	-
KYOTO	-	-	114	2	2	1	61	14	-	-	-	-
OSAKA	3	-	46	-	3	-	114	22	-	-	-	-
HYOGO	3	-	45	1	1	2	55	20	-	-	-	-
NARA	-	-	8	-	-	-	4	-	-	-	-	-
WAKAYAMA	-	-	7	-	-	-	9	3	-	-	-	-
TOTTORI	-	-	6	-	8	-	31	10	6	1	9	2
SHIMANE	-	-	28	-	-	-	8	3	-	-	1	-
OKAYAMA	-	-	16	-	-	-	9	6	14	6	31	11
HIROSHIMA	1	-	17	2	1	-	53	16	-	-	3	2
YAMAGUCHI	-	-	12	-	1	-	32	5	-	-	-	-
TOKUSHIMA	-	-	3	-	1	1	8	4	-	-	2	1
KAGAWA	-	-	13	2	2	2	17	6	6	3	28	15
EHIME	1	-	16	-	1	-	27	17	1	-	1	1
KOCHI	-	-	8	-	1	-	20	7	-	-	13	3
FUKUOKA	-	-	14	1	-	1	70	50	-	-	-	-
SAGA	-	-	2	-	-	-	16	6	-	-	-	-
NAGASAKI	-	-	14	1	-	-	24	11	-	-	-	-
KUMAMOTO	-	-	4	-	-	-	28	8	2	2	2	2
OITA	-	-	1	-	-	-	8	2	1	1	1	1
MIYAZAKI	-	-	10	-	2	-	17	3	-	-	-	-
KAGOSHIMA	-	-	3	-	-	-	30	13	-	-	-	-
TOTAL	39	0	1896	44	64	14	2914	930	30	13	103	42

RATE

Current	2.6	0.0	3.5	0.1	4.3	0.9	5.4	1.7	2.0	0.9	0.2	0.1
Previous	2.5	0.0			2.9	1.7			1.9	0.7		

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.

Rates per 100,000 per annum

Rates based on estimated population 1 July 1947

Plague: 0

Weekly Report - 6 September 1947
Continued

PREFECTURE	MEASLES Cases	WHOOPIING COUGH Cases	TUBERCULOSIS Cases
HOKKAIDO	148	226	793
AOMORI	22	45	99
IWATE	32	84	52
MIYAGI	61	82	216
AKITA	17	62	108
YAMAGATA	21	26	89
FUKUSHIMA	18	7	191
IBARAKI	22	86	159
TOCHIGI	9	90	78
GUMMA	10	53	138
SAITAMA	-	65	199
CHIBA	1	36	113
TOKYO	5	216	899
KANAGAWA	21	119	443
NIIGATA	129	103	424
TOYAMA	45	57	266
ISHIKAWA	NR	NR	NR
FUKUI	28	51	63
YAMANASHI	41	105	225
NAGANO	30	98	263
GIFU	137	259	444
SHIZUOKA	25	141	241
AICHI	21	124	259
MIE	16	61	101
SHIGA	11	53	63
KYOTO	112	258	663
OSAKA	9	100	526
HYOGO	18	86	239
NARA	3	20	56
WAKAYAMA	11	21	30
TOTTORI	5	8	109
SHIMANE	38	81	182
OKAYAMA	28	58	125
HIROSHIMA	14	99	328
YAMAGUCHI	6	15	88
TOKUSHIMA	15	29	105
KAGAWA	8	42	56
EHIME	48	96	207
KOCHI	24	32	80
FUKUOKA	28	271	452
SAGA	1	17	77
NAGASAKI	14	58	121
KUMAMOTO	37	56	157
OITA	4	44	133
MIYAZAKI	13	46	165
KAGOSHIMA	32	55	137
TOTAL	1338	3741	9962
RATE			
Current	89.4	250.1	666.0
Previous	90.9	249.6	514.9

Deaths not available

Rates per 100,000 per annum

Rates based on estimated population 1 July 1947

Weekly Report - 6 September 1947
Continued

PREFECTURE	PNEUMONIA Current Cases	INFLUENZA Current Cases
HOKKAIDO	107	1
AOMORI	19	2
IWATE	24	2
MIYAGI	37	1
AKITA	24	1
YAMAGATA	16	2
FUKUSHIMA	40	1
IBARAKI	51	2
TOCHIGI	39	1
GUNMA	22	1
SAITAMA	26	1
CHIBA	7	1
TOKYO	63	2
KANAGAWA	70	2
NIIGATA	65	NR
TOYAMA	26	1
ISHIKAWA	NR	NR
FUKUI	16	2
YAMANASHI	47	1
NAGANO	33	1
GIFU	87	1
SHIZUOKA	44	1
AICHI	28	1
MIE	15	1
SHIGA	1	1
KYOTO	64	2
OSAKA	26	1
HYOGO	4	1
NARA	7	1
WAKAYAMA	20	1
TOTTORI	6	1
SHIMANE	20	1
OKAYAMA	19	1
HIROSHIMA	15	2
YAMAGUCHI	5	1
TOKUSHIMA	12	1
KAGAWA	6	1
EHIME	27	1
KOCHI	11	1
FUKUOKA	87	7
SAGA	4	1
NAGASAKI	27	1
KUMAMOTO	23	1
OITA	18	15
MIYAZAKI	18	1
KAGOSHIMA	38	1
TOTAL	1364	29
Rate		
Current	91.2	1.9
Previous	77.9	1.2

Rate based on estimated population 1 July 1947

Rate per 100,000 per Annum

Deaths not available

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 6 September 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	32	898	216	6027	144	3170
AOMORI	4	274	45	1883	34	1155
IWATE	9	131	28	692	17	888
MIYAGI	14	257	101	2113	51	1395
AKITA	9	158	54	1212	39	918
YAMAGATA	1	139	30	1053	61	1385
FUKUSHIMA	8	294	67	2648	20	1876
IBARAKI	10	460	54	1789	44	1756
TOCHIGI	15	294	76	2304	123	2092
GUMMA	6	197	62	1456	57	1756
SAITAMA	19	540	122	2320	55	1565
CHIBA	19	566	94	2690	74	1721
TOKYO	27	1225	134	4713	99	3440
KANAGAWA	43	1087	302	8377	168	4403
NIIGATA	22	345	76	2248	65	1966
TOYAMA	15	295	127	2293	101	1806
ISHIKAWA	15	466	90	2747	44	1715
FUKUI	12	311	44	1237	31	834
YAMANASHI	2	64	55	1233	27	461
NAGANO	10	219	68	2485	74	1777
GIFU	16	511	135	2821	46	1198
SHIZUOKA	11	537	81	2617	69	2521
AICHI	59	2465	226	10378	92	5634
MIE	24	912	62	1884	72	1815
SHIGA	18	682	36	1246	36	1163
KYOTO	45	1389	155	5427	95	2944
OSAKA	81	3358	257	12591	259	10636
HYOGO	40	1255	201	6120	140	5933
NARA	33	391	97	733	86	731
WAKAYAMA	26	792	146	2598	90	1559
TOTTORI	11	266	69	2473	36	1228
SHIMANE	1	125	23	1232	5	1079
OKAYAMA	37	1179	148	4179	85	2539
HIROSHIMA	30	824	245	5712	98	2555
YAMAGUCHI	19	321	84	2575	67	1563
TOKUSHIMA	4	93	27	920	24	872
KAGAWA	15	480	45	1877	17	1096
EHIME	5	210	89	2414	41	2335
KOCHI	12	243	38	1200	28	958
FUKUOKA	NR	2062	NR	8218	NR	4762
SAGA	2	277	96	3070	71	1571
NAGASAKI	17	549	173	4691	102	2142
KUMAMOTO	4	254	80	2909	149	1945
OITA	23	611	57	2187	57	1506
MIYAZAKI	4	58	69	1263	34	764
KAGOSHIMA	14	169	69	2014	47	1151
TOTALS	843	28233	4553	145369	3174	98329

RATE						
Current	56.4	52.4	304.4	269.9	212.2	182.6
Previous	45.4		291.3		176.1	

Rates per 100,000 per annum

Rates based on estimated population 1 July 1947

**NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947**

Diseases	Week Ending		Four Weeks Ending		Cumulative Number for	
	6 Sept 1947	7 Sept 1946	6 Sept 1947	7 Sept 1946	First 36 Weeks 1947	1946
Cases						
Diphtheria	294	730	1107	2367	20442	33336
Dysentery	2533	6306	12678	23695	29783	52252
Typhoid	785	1328	3228	5233	12460	33320
Paratyphoid	227	398	855	1320	3378	6324
Smallpox	2	3	3	25	378	17650
Typhus Fever	1	28	13	122	995	30687
Malaria	375	1365	1659	5008	9420	NA
Cholera	0	71	0	462	0	1061
Scarlet Fever	39	37	164	135	1896	1358
Epidemic Meningitis	64	32	211	102	2914	1164
Jap B Encephalitis	30	10	89	42	103	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	18	38	80	107	1768	2770
Dysentery	479	902	2283	3523	5260	7371
Typhoid	101	151	404	582	1476	3875
Paratyphoid	13	19	41	60	181	310
Smallpox	0	0	0	3	38	2697
Typhus Fever	0	3	0	24	81	2787
Malaria	0	3	1	14	17	NA
Cholera	0	24	0	205	0	434
Scarlet Fever	0	4	5	6	44	83
Epidemic Meningitis	14	4	84	25	930	306
Jap B Encephalitis	13	6	35	18	42	NA
Plague	0	0	0	0	0	0

NA: Not Available

**CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947**

Diseases	Week Ending		Four Weeks Ending		Cumulative Rates For	
	6 Sept 1947	7 Sept 1946	6 Sept 1947	7 Sept 1946	First 36 Weeks 1947	1946
Case Rate						
Diphtheria	19.7	50.6	18.5	41.0	38.0	64.1
Dysentery	169.3	436.7	211.9	410.2	55.3	100.5
Typhoid	52.5	92.0	53.9	90.6	23.1	64.1
Paratyphoid	15.2	27.6	14.3	22.9	6.3	12.2
Smallpox	0.1	0.2	0.1	0.4	0.7	33.9
Typhus Fever	0.1	1.9	0.2	2.1	1.8	59.0
Malaria	25.1	94.5	27.7	86.7	17.5	NA
Cholera	0.0	4.9	0.0	8.0	0.0	2.0
Scarlet Fever	2.6	2.6	2.7	2.3	3.5	2.6
Epidemic Meningitis	4.3	2.2	3.5	1.8	5.4	2.2
Jap B Encephalitis	2.0	0.7	1.5	0.7	0.2	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rate						
Diphtheria	1.2	2.6	1.3	1.9	3.3	5.3
Dysentery	32.0	62.5	38.2	61.0	9.8	14.2
Typhoid	6.8	10.5	6.8	10.1	2.7	7.5
Paratyphoid	0.9	1.3	0.7	1.0	0.3	0.6
Smallpox	0.0	0.0	0.0	0.1	0.1	5.2
Typhus Fever	0.0	0.2	0.0	0.4	0.2	5.4
Malaria	0.0	0.2	0.02	0.2	0.03	NA
Cholera	0.0	1.7	0.0	3.5	0.0	0.8
Scarlet Fever	0.0	0.3	0.1	0.1	0.1	0.2
Epidemic Meningitis	0.9	0.3	1.4	0.4	1.7	0.6
Jap B Encephalitis	0.9	0.4	0.6	0.3	0.1	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 per annum

Rates based on estimated populations 1 July 1946 and 1 July 1947.